PAGE 1 / 38

Image# 201507189000275120

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	For Other Than	An Authorized	I Committee			Office Use C	∂nly
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typing, r the lines.	type	12FE4M5		
American Health Care	Association P	olitical Action	Committee	: 			
ADDRESS (number and street)	1201 L Street, NV	V					
Check if different than previously reported. (ACC)	Washington				DC	20005	
2. FEC IDENTIFICATION NU	JMBER ▼	CITY 🛦		5	STATE A	ZIF	CODE A
C C00006080		3. IS THIS REPORT	× NEV	OR	AN (A)	MENDED	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Quarterly Report (Q	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)	Jun	20 (M5) 20 (M6) 20 (M7)	Sep	20 (M8) 20 (M9) 20 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
July 15 Quarterly Report (Q October 15 Quarterly Report (Q January 31 Year-End Report (Y	PRE-EI Report		Convention (12C	;) /	Special (12S) in	the cate of
July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	POST-I	Election for the:	General (30G)	D /	Runoff (3	in	Special (30S) the sate of
5. Covering Period 06	M / D D / C	2015	through	М М	30	2015	·
I certify that I have examined th Type or Print Name of Treasure			wledge and belie	ef it is tru	e, correct and	d complete.	
Signature of Treasurer Mr. M	Aichael Wylie		[Electronically Fil	<i>[ed]</i> D	ate 07	18	2015
NOTE: Submission of false, errone	eous, or incomplete	information may su	bject the person	signing th	is Report to the	ne penalties (of 2 U.S.C. §437g.
Office Use Only						1	ORM 3X 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: 06 01 2015 To: 06 30 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date				
6.	(a) Cash on Hand January 1, 2015		213354.30				
	(b) Cash on Hand at Beginning of Reporting Period	267470.12					
	(c) Total Receipts (from Line 19)	53860.64	389722.78				
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	321330.76	603077.08				
7.	Total Disbursements (from Line 31)	63308.81	345055.13				
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	258021.95	258021.95				
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00					
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00					

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Health Care Association Political Action Committee

Calendar Year-to-Date 359168.65 15381.13 374549.78 0.00 10000.00 384549.78 0.00 0.00 0.00
15381.13 374549.78 0.00 10000.00 384549.78 0.00 0.00
15381.13 374549.78 0.00 10000.00 384549.78 0.00 0.00
15381.13 374549.78 0.00 10000.00 384549.78 0.00 0.00
374549.78 0.00 10000.00 384549.78 0.00 0.00
0.00 10000.00 384549.78 0.00 0.00
10000.00 384549.78 0.00 0.00
384549.78 0.00 0.00
384549.78 0.00 0.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00
5173.00
0.00
0.00
0.00
0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Ope	erating Expenditures: Allocated Federal/Non-Federal	rotal fillo i circu	Galeridai Tear-to-Bate
(a)	Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b)	Other Federal Operating	5.00	
(2)	Expenditures	1808.81	8555.13
(c)	Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b)) ▶	1808.81	8555.13
	nsfers to Affiliated/Other Party	0.00	0.00
Con	nmitteestributions to	0.00	0.00
and	leral Candidates/Committees Other Political Committees	55500.00	323000.00
	ependent Expenditures	0.00	0.00
5. Coo	e Schedule E) ordinated Party Expenditures	0.00	0.00
(2 (J.S.C. §441a(d)) e Schedule F)	0.00	0.00
(use	o conedule 1 /	7 7 7	5.00
6. Loa	n Repayments Made	0.00	0.00
7 1	M. I.	0.00	0.00
8. Refi	ns Madeunds of Contributions To:	0.00	0.00
(a)	Individuals/Persons Other Than Political Committees	1000.00	8500.00
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees		0.00
	(such as PACs)	0.00	0.00
(d)	Total Contribution Refunds		
(-)	(add Lines 28(a), (b), and (c))▶	1000.00	8500.00
9. Oth	er Disbursements	5000.00	5000.00
) Fed	leral Election Activity (2 U.S.C. §431(20))		
	Allocated Federal Election Activity		
` '	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) III aviiali Ohava	0.00	0.00
(b)	(ii) "Levin" Share Federal Election Activity Paid Entirely	0.00	0.00
(b)	With Federal Funds	0.00	0.00
(c)	Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
T-1	N Dishurasments (add Lines 24/s) 22		
	al Disbursements (add Lines 21(c), 22, 24, 25, 26, 27, 28(d), 29 and 30(c))	63308.81	245055 42
۷۵,	27, 20, 20, 21, 20(u), 29 and 30(c))	03300.01	345055.13
2. Tota	al Federal Disbursements		
(sub	otract Line 21(a)(ii) and Line 30(a)(ii)		
from	n Line 31)▶	63308.81	345055.13

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	52687.64	384549.78		
4. Total Contribution Refunds (from Line 28(d))	1000.00	8500.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	51687.64	376049.78		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1808.81	8555.13		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
3. Net Operating Expenditures (subtract Line 37 from Line 36)	1808.81	8555.13		

FOR	R LINE	PAGE	6	OF	38			
(che	eck only	or	ne)					
×	11a		11b		11c	12		
	13		14		15	16	;	17

	nd Statements may not be sold or used by any pers g the name and address of any political committee t	
NAME OF COMMITTEE (In Full)	define Della LA A A C	
/ American Health Care Assoc	ciation Political Action Committee	
Full Name (Last, First, Middle Initial) Linda Austin		Date of Receipt
Mailing Address 405 Times Avenue		06 18 2015
City	State Zip Code	Transaction ID : C3029903
Lafayette	TN 37083-1247	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Knollwood Manor	Administrator/Owner	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General	00 0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Cecil Barcelo		Date of Receipt
Mailing Address 411 Alabama Ave		06 12 2015
City	State Zip Code	Transaction ID : C3034992
League City	TX 77573-2615	Amount of Each Receipt this Period
FEC ID number of contributing		T
federal political committee.	C	330.00
Name of Employer	Occupation	
Baywind Village	Administrator]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	642.50	
Full Name (Last, First, Middle Initial) . Heath Boddy		Date of Receipt
Mailing Address 2201 N 98th Street		06 17 2015
City	State Zip Code	7 2015 Transaction ID : C3027833
Lincoln	NE 68505	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	87.50
Name of Employer	Occupation	-
Nebraska Health Care Association	State Executive]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	525.00	
SUBTOTAL of Receipts This Page (optional	l)	667.50
TOTAL This Period (last page this line num	ber only)	

I TOTT LINE HOMBET					PAGE	=	7 (OF	38
	(che	eck only	one)						
	×	11a	11b		11c		12		
		13	14		15		16		17

r for commercial purposes, other than using t	he name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Thomas Boerboom Mailing Address, 4420 Valley View Bood		Date of Receipt
Mailing Address 4420 Valley View Raod		06 18 2015
City	State Zip Code	Transaction ID : C3029904
Edina	MN 55424	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	-
Welcov Healthcare	President	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial) Michael Bowlden		Date of Receipt
Mailing Address 6219 Breeze Hill Rd		06 08 2015
City	State Zip Code	Transaction ID : C3021853
Crestwood	KY 40014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Medline Industries	Sales Management	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Julie Brenneman		Date of Receipt
Mailing Address 1740 Barnes Run Road		06 10 2015
City	State Zip Code	Transaction ID : C3022799
Mount Zion	WV 26151	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	-
Genesis Healthcare	Administrator	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1000.00	
SUBTOTAL of Receipts This Page (optional)		6250.00
TOTAL OF HECEIPIS THIS Page (OPHORIAL)		

FOI	R LINE	PAGE	8	OF	38			
(che	eck only	or	ne)					
×	11a		11b		11c	12		
	13		14		15	16	;	17

	and Statements may not be sold or used by any per ag the name and address of any political committee to	
NAME OF COMMITTEE (In Full)	ciation Political Action Committee	
American nealth Care ASSO	Ciauon Political Action Committee	
Full Name (Last, First, Middle Initial) A. Gail Clarkson		Date of Receipt
Mailing Address 1539 Lochridge Rd		06 09 2015
City	State Zip Code	Transaction ID : C3022265
Bloomfield Hills	MI 48302-0736	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	7
Nexcare	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) Gerald Cox		Date of Receipt
Mailing Address PO Box 7728		06 26 2015
City	State Zip Code	Transaction ID : C3045192
Rocky Mount	NC 27804-0728	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	2500.00
Name of Employer	Occupation	1
Autumn Corporation	President	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	55 0	
Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial) C. Jason Czycalla		Date of Receipt
Mailing Address 19086 Iteri Avenue		06 12 2015
City	State Zip Code	Transaction ID : C3023667
Lakeville	MN 55044	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Medline Industries, Inc.	Manager	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	050.00	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (options	al)	5250.00
	<u> </u>	
TOTAL This Period (last page this line nur	mber only)	

FOR	R LINE	PAGE	9	OF	38			
(che	eck only	or	ne)					
×	11a		11b		11c	12		
	13		14		15	16	;	17

or for commercial purposes, other than using	and Statements may not be sold or used by any pering the name and address of any political committee to					
NAME OF COMMITTEE (In Full)	ociation Political Action Committee					
American nealth Care ASSO	Ciauon Foilicai Action Committee					
Full Name (Last, First, Middle Initial) L. Kenneth Daily		Date of Receipt				
Mailing Address 3608 Bethany Ct.		06 29 2015				
City	City State Zip Code					
Dayton	OH 45415	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation	1				
Elder Care Systems Group	Long Term Care Consultant					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) Eric M. Droze	l	Date of Receipt				
Mailing Address 2852 Sweet Clover Way	M = M / D = D / Y = Y = Y = Y					
City	06 12 2015					
Wauconda	State Zip Code IL 60084	Transaction ID : C3023674 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	250.00					
Name of Employer	1					
Medline Industries	Division Sales Manager					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial)	<u> </u>	Date of Receipt				
Mailing Address 911 S Randolph St		06 29 2015				
City	State Zip Code	Transaction ID : C3051267				
Arlington	VA 22204-1564	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	130.44				
Name of Employer	Occupation	-				
American Health Care Association	American Health Care Association Senior Director					
Receipt For:						
Primary General Other (specify) ▼	434.76	* Payroll Deduction: \$43.48 Bi-Weekly				
SUBTOTAL of Receipts This Page (option	al)	630.44				
	· · · · · · · · · · · · · · · · · · ·					
TOTAL This Period (last page this line nur	mber only)					

FOR LINE	: PAGI	= 10 OF	- 38				
(check only one)							
X 11a	11b	11c	12				
13	14	15	16	17			

	statements may not be sold or used by any personant parties of any political committee to	
NAME OF COMMITTEE (In Full)		
American Health Care Associat	ion Political Action Committee	
Full Name (Last, First, Middle Initial) 1. Teresa Eyet		Date of Receipt
Mailing Address 10009 Dallas Ave		06 29 2015
City	State Zip Code	Transaction ID : C3051269
Takoma Park	MD 20901-2240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	152.61
Name of Employer	Occupation	
American Health Care Association	Director, Education	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	* Payroll Deduction: \$50.87 Bi-Weekly
Other (specify) ▼	457.83	,
Full Name (Last, First, Middle Initial) Meredith Farmer		Date of Receipt
Mailing Address 1693 Napa Suwe Ln		M = M / D = D / Y = Y = Y
·	Chair	06 23 2015
City	State Zip Code	Transaction ID: C3035512
Wauconda	IL 60084	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Medline Industries	Sales Specialist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) David Gifford		Date of Receipt
Mailing Address 81 Kenyon Ave		M = M / D = D / Y = Y = Y
City	State Zip Code	06 22 2015 Transaction ID : C3034261
East Greenwich	RI 02818-2905	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
American Health Care Association	Sr VP, Quality & Regulatory Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	3000.00	
SUBTOTAL of Receipts This Page (optional)		1402.61
ODITION THECE IN PAGE (OPTIONAL)	>	
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER:					PAGE	_ 1	11	OF	38
(check only one)									
×	11a		11b		11c		12		
	13		14		15		16	;	17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
/ American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) A. Christine Gorecki		Date of Receipt
Mailing Address 7 Red Haw Lane		06 11 2015
City	State Zip Code	Transaction ID : C3023627
Lake Zurich	IL 60047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Medline Industries, Inc,	Sales Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. William J. Griffith		Date of Receipt
Mailing Address 1825 7th Street, NW		M = M / D = D / Y = Y = Y
#901	Ctata 7'- 0 '	06 29 2015
City Washington	State Zip Code	Transaction ID : C3051270
Washington	DC 20001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.22
Name of Employer	Occupation	1
American Health Care Association	Senior Manager, Political Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	216.49	* Payroll Deduction: \$21.74 Bi-Weekly
Full Name (Last, First, Middle Initial)	1	Date of Receipt
Mailing Address 12423 Flint Street		M = M / D = D / Y = Y = Y
City	State 7in Cod-	06 29 2015
City Overland Park	State Zip Code KS 66213	Transaction ID : C3051271
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	136.35
Name of Employer	Occupation	
American Health Care Association	Senior Director, Political Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	407.04	* Payroll Deduction: \$45.45 Bi-Weekly
SUBTOTAL of Receipts This Page (optional)	>	451.57
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

38

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Steven P Hatlestad Date of Receipt Mailing Address 18705 West 153rd Terrace 2015 06 25 City Zip Code State Transaction ID: C3045195 KS Olathe 66062-3189 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation VP, Operation Skilled Division Americare Systems Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Holdhusen Date of Receipt Mailing Address 13020 Eby St. 06 09 2015 City State Zip Code Transaction ID: C3022439 Overland Park KS 66213 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Good Samaritan Society Dir., Government Relations Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Karen Hyatt Date of Receipt Mailing Address 5102 Scenic Dr 2015 06 01 City Zip Code State Transaction ID: C3017521 WA Yakima 98908-2229 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Vice President **Hyatt Corporation** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional).....

- 9

TOTAL This Period (last page this line number only).....

Use separate sch for each category Detailed Summary

1.1.7.	FOR LINE NUMBER: PAGE 13 OF 38 (check only one)						
edule(s) of the							
y Page	X 11a	11b	11c	12			
,9-	13	14	15	16	17		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) David Jacobs Mailing Address One Medline Plaza		Date of Receipt
City	State Zip Code	06 12 2015
Mundelein	IL 60060	Transaction ID : C3024468 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Medline Industries	President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Jeanne C. Jaeckels	<u>'</u>	Date of Receipt
Mailing Address 12120 24th Street		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	06 03 2015 Transaction ID : C3018772
Clear Lake	MN 55319	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	750.00
Name of Employer TealwoodSeniorLiving	Occupation Director of Development	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) David A Kyllo		Date of Receipt
Mailing Address 4621 28th Road South		06 29 2015
City	State Zip Code	Transaction ID : C3051273
Arlington	VA 22206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	326.10
Name of Employer	Occupation	-
AHCA/NCAL	VP, Insurance and Member Programs	
Receipt For: Primary General	Aggregate Year-to-Date ▼	* Payroll Doduction: \$100.70 Bi Woolds
Other (specify)	1086.90	* Payroll Deduction: \$108.70 Bi-Weekly

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

38

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Larry F. Lane Date of Receipt Mailing Address 1616 Stephens Dr 08 2015 06 City State Zip Code Transaction ID: C3022212 PΑ Wayne 19087-1023 Amount of Each Receipt this Period FEC ID number of contributing C 1500.00 federal political committee. Name of Employer Occupation Sr VP, Regulatory Affairs Genesis Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Meg LaPorte Date of Receipt Mailing Address 7708 Meadow Lane 06 29 2015 City State Zip Code Transaction ID: C3051274 MD Chevy Chase 20815 Amount of Each Receipt this Period FEC ID number of contributing 234.78 federal political committee. Name of Employer Occupation AHCA/NCAL Senior Policy Director Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$78.26 Bi-Weekly 718.92 Other (specify) Full Name (Last, First, Middle Initial) c. Emilie Maheu Date of Receipt Mailing Address 840 Pembrooke Road 06 12 2015 City State Zip Code Transaction ID: C3023676 IL Libertyville 60048 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Medline Industries Sales Representative Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1984.78 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

38

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Van Moore Date of Receipt Mailing Address 3155 River Rd S 2015 06 29 City Zip Code State Transaction ID: C3045198 OR Salem 97302-9819 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Senior Vice President Westcare Management, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Abraham Morse Date of Receipt Mailing Address 21 Sagamore Road 06 22 2015 City State Zip Code Transaction ID: C3035009 Newton Highlands MA 02461 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Massachusetts Senior Care Association President Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Tim H. Mortenson Date of Receipt Mailing Address 3092 Highway 13 2015 06 22 City State Zip Code Transaction ID: C3035003 IA Ryan 52330 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Continuum Health Care Services Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER:				PAGE	_ 1	16	OF	38	
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16	;	17

	nd Statements may not be sold or used by any pers g the name and address of any political committee t					
NAME OF COMMITTEE (In Full)	Section Delice LA C. C.					
/ American Health Care Assoc	ciation Political Action Committee					
Full Name (Last, First, Middle Initial) Marcus Naquin		Date of Receipt				
Mailing Address 1702 South Elm Street	Mailing Address 1702 South Elm Street					
City	State Zip Code	06 06 2015 Transaction ID : C3021510				
Hammond	LA 70403	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation	7				
Hammond Nursing Home	Owner					
Receipt For:	Aggregate Year-to-Date ▼	7				
Primary General	00.0					
Other (specify) ▼	500.00					
Full Name (Last, First, Middle Initial) Scott Pilgrim		Date of Receipt				
Mailing Address PO Box 990		06 12 _ 2015 _				
City	State Zip Code	77				
Edmond	OK 73083	Amount of Each Receipt this Period				
FEC ID number of contributing		5000.00				
federal political committee.	ů l					
Name of Employer	Occupation	7				
Diakonos Group LLC	Owner	Ì				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	0.0					
Other (specify) ▼	5000.00					
Full Name (Last, First, Middle Initial) C. Clifton Porter		Date of Receipt				
Mailing Address 3929 Azalea Court		06 29 _ 2015 _				
City	State Zip Code	Transaction ID : C3051276				
Maumee	OH 43537	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	576.93				
Name of Employer	Occupation	-				
American Health Care Association	SVP Government Relations]				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	00.0	* Payroll Deduction: \$192.31 Bi-Weekly				
Other (specify) ▼	2500.03					
SUBTOTAL of Receipts This Page (optional	ul)	5826.93				
	<u> </u>					
TOTAL This Period (last page this line num	nber only)					

FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

38

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Gary Porter Date of Receipt Mailing Address PO Box 128 2015 06 18 City Zip Code State Transaction ID: C3029917 OK Ardmore 73402 Amount of Each Receipt this Period FEC ID number of contributing C 1666.00 federal political committee. Name of Employer Occupation Premier Health Care, LLC Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 1666.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Martin Porter Date of Receipt Mailing Address PO Box 128 06 18 2015 City State Zip Code Transaction ID: C3029918 OK Ardmore 73402-0128 Amount of Each Receipt this Period FEC ID number of contributing 1666.00 federal political committee. Name of Employer Occupation Premier Health Care, LLC COO Receipt For: Aggregate Year-to-Date ▼ Primary General 1666.00 Other (specify) Full Name (Last, First, Middle Initial) c. Derek Prince Date of Receipt Mailing Address 1009 Lausanne Aven 2015 06 09 City State Zip Code Transaction ID: C3022251 TX **Dallas** 75208 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 С federal political committee. Name of Employer Occupation President **HMG** Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 8332.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

9

FOR LINE NUMBER: PAGE 18 OF (check only one) X 11a 11b 12 11c

38 Use separate schedule(s) for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Manny Raposo Date of Receipt Mailing Address 375 Braeside Rd. 2015 06 10 City State Zip Code Transaction ID: C3022455 Highland Park IL 60035 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Long Term Care Sales Medline Industries Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Shawn Scott Date of Receipt Mailing Address One Medline Place 06 22 2015 City State Zip Code Transaction ID: C3035439 Mundelein IL 60060 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Medline Industries Senior VP HC Corporate Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 290.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jennifer S Shimer Date of Receipt Mailing Address 9507 Shelly Krasnow Ln 06 29 2015 City Zip Code State Transaction ID: C3051279 Fairfax VA 22031-4720 Amount of Each Receipt this Period FEC ID number of contributing 150.00 С federal political committee. Name of Employer Occupation COO American Health Care Association Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$50.00 Bi-Weekly 345.45 Other (specify) 440.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

-9

9

				PAGE	•	19	OF	38
(check only one)								
X 1	1a	11b		11c		12		
1	3	14		15		16		17

		atements may not be sold or used by any perso name and address of any political committee to	
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)	on Dalkies I Astron O	
	American Health Care Association	on Political Action Committee	
۹.	Full Name (Last, First, Middle Initial) Howard Sollins		Date of Receipt
	Mailing Address 120 E Baltimore St		06 04 2015
	City	State Zip Code	Transaction ID : C3022203
	Baltimore	MD 21202-1605	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	750.00
	Name of Employer	Occupation	
	Ober Kaler	Attorney	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	55 0	
_	Other (specify) ▼	1000.00	
3.	Full Name (Last, First, Middle Initial) Martin Stott		Date of Receipt
	Mailing Address 15035 Memorial Tower Dr		06 22 2015
	City	State Zip Code	Transaction ID : C3035010
	Baton Rouge	LA 70810-8398	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	1250.00
	Name of Employer	Occupation	
	Diversified Health Care	Owner/Operator	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
—).	Full Name (Last, First, Middle Initial) Patrick Twohig		Date of Receipt
	Mailing Address 104 Penrod Avenue		06 08 _ 2015 _
	City	State Zip Code	Transaction ID : C3021854
	Pataskala	OH 43062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	250.00
	Name of Employer	Occupation	
	Medline Industries	Long Term Care Sales	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
S	UBTOTAL of Receipts This Page (optional)		2250.00
	OTAL This Period (last page this line number o	<u>`</u>	
	i onou (laot pago tillo lille Hullibel C		

FOR LINE NUMBER: PAGE 20 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

38

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Matthew Van Zelst Date of Receipt Mailing Address 2718 N Wayne Ave #1 2015 06 City State Zip Code Transaction ID: C3024227 Chicago IL 60614 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation VP, National Accounts Medline Industries Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Vrba Date of Receipt Mailing Address 5801 S. Cass Ave. 06 23 2015 City State Zip Code Transaction ID: C3035503 SC 60559-2300 Westmont Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation **Burgess Square Healthcare** CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Paula Warren Date of Receipt Mailing Address 3301 Alabama Avenue 06 25 2015 City Zip Code State Transaction ID: C3036518 Alexandria VA 22305 Amount of Each Receipt this Period FEC ID number of contributing 775.00 С federal political committee. Name of Employer Occupation CIO American Health Care Association Receipt For: Aggregate Year-to-Date ▼ Primary General 1550.00 Other (specify) 2025.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

FOR LINE NUMBER: PAGE 21 Use separate schedule(s) (check only one) X 11a 11b 11c

OF

38

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) **Brett Waters** Date of Receipt Mailing Address 2416 Mesa Street 2015 06 27 City State Zip Code Transaction ID: C3039084 ID Idaho Falls 83401 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation New Beginnings Community Living Home President Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Debra Welk Date of Receipt Mailing Address 9005 Raven Oaks Dr 06 12 2015 City State Zip Code Transaction ID: C3023672 NE Omaha 68152 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Immanuel, Alegent Health VP, Health Care Services Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Yampol Date of Receipt Mailing Address 11701 Borman Drive 2015 06 15 Suite 315 City State Zip Code Transaction ID: C3029902 MO Saint Louis 63146 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 С federal political committee. Name of Employer Occupation CEO Cahill Rosewood Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 5500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

9

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	NUMBER	: PAGE	22 OF	38
(check only	one)			
X 11a	11b	11c	12	
13	14	15	16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Harmony House LLC Mailing Address BO By 200		Date of Receipt
Mailing Address PO Box 829		06 01 2015
City	State Zip Code	Transaction ID : C3017518
Brewster	WA 98812	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	180.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	PARTNERSHIPpartners below if itemized
Full Name (Last, First, Middle Initial) Jerry R. Tretwold		Date of Receipt
Mailing Address PO Box 829	Stato 7in Co-d	06 01 2015
City Brewster	State Zip Code WA 98812-0829	Transaction ID : C3017520
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	180.00
Name of Employer	Occupation	
Harmony House Health Care Center	Owner/ Administrator	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	[MEMO ITEM]
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		180.00
TOTAL This Period (last page this line number	r only)	45266.93

Seseparate schedule(s) (check only one) or each category of the Detailed Summary Page	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 23 OF 38
Detailed Summary Page 113	·	,		(check only one)
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Kindred Healthcare Inc. Political Action Committee Mailing Address 680 S 4th St City State Zip Code KY 40202-2407 FEC ID number of contributing federal political committee. Receipt For: Primary General Other (specify) Aggregate Year-to-Date Full Name (Last, First, Middle Initial) Aggregate Year-to-Date FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. City State Zip Code FUll Name (Last, First, Middle Initial) Date of Receipt this Period Date of Receipt this Period Amount of Each Receipt this Period	ILIMELD HEVEN TO			
NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Kindred Healthcare Inc. Political Action Committee Mailing Address 680 S 4th St City Louisville KY 40202-2407 FEC ID number of contributing federal political committee Receipt For: Primary Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ City State Zip Code Amount of Each Receipt this Period Amount of Each Receipt this Period Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period Amount of Each Receipt this Period Date of Receipt The primary State Size Size Size Size Size Size Size Siz				erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mailing Address 680 S 4th St			, , , , , , , , , , , , , , , , , , ,	
A. Kindred Healthcare Inc. Political Action Committee Mailing Address 680 S 4th St City State Zip Code KY 40202-2407 FEC ID number of contributing federal political committee. Name of Employer Other (specify) ▼ State Zip Code KY 40202-2407 C C00242271 Amount of Each Receipt this Period Fec IP Primary General Other (specify) ▼ State Zip Code FEC ID number of contributing C State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Amount of Each Receipt this Period Amount of Each Receipt this Period	American Health Care Associ	ation Polition	cal Action Committee	
City State Zip Code KY 40202-2407 FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ FUII Name (Last, First, Middle Initial) State Zip Code Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Amount of Each Receipt this Period Amount of Each Receipt this Period		tion Committe	ee	Date of Receipt
Louisville KY 40202-2407 FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼ State Zip Code FEC ID number of contributing federal political committee. City State Zip Code FULL Name (Last, First, Middle Initial) Full Name of Employer Occupation Aggregate Year-to-Date ▼ Date of Receipt Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Date of Receipt FEC ID number of contributing federal political committee. Name of Employer Occupation Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Amount of Each Receipt this Period Amount of Each Receipt this Period	Mailing Address 680 S 4th St			
FEC ID number of contributing federal political committee. Name of Employer C C C C C C C C C	•		•	
Receipt For: Primary General General		KY	40202-2407	Amount of Each Receipt this Period
Receipt For: Other (specify) ▼	•	C co	0242271	5000.00
Primary General Other (specify) ▼ State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period	Name of Employer	Occupation	1	
Other (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Date of Receipt Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Date of Receipt Amount of Each Receipt this Period		Aggregate	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) Other (specify) Mailing Address City State Zip Code Amount of Each Receipt this Period Date of Receipt This Period Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) Date of Receipt Amount of Each Receipt this Period			5000.00	1
Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Mailing Address City State Zip Code Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Date of Receipt Mail Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Annual Of Each Receipt this Period	Other (specify)			
Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Amount of Each Receipt this Period	Full Name (Last, First, Middle Initial)			
City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Amount of Each Receipt this Period Amount of Each Receipt this Period	3			Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer C	Mailing Address			M = M / D = D / Y = Y = Y
FEC ID number of contributing federal political committee. Name of Employer C	City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer Cocupation	FEC ID number of contributing			Amount of Each Hoodipt the Follow
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Amount of Each Receipt this Period		C		7 7 7
Primary General Other (specify) Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Amount of Each Receipt this Period	Name of Employer	Occupation	١	
Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period	·	Aggregate	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period				1
City State Zip Code Amount of Each Receipt this Period	Other (specify) ▼			
City State Zip Code Amount of Each Receipt this Period	Full Name (Last, First, Middle Initial)			Date of Receipt
Amount of Each Receipt this Period	Mailing Address			M = M / D = D / Y = Y = Y
FFO ID graph on of contribution	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing			Amount of Each recorpt this I dilou
federal political committee.	•	C		
Name of Employer Occupation	Name of Employer	Occupation	٦	
Receipt For: Aggregate Year-to-Date ▼	Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		33 3 3 40		1
Other (specify) ▼	Other (specify) ▼		7 7 7	J
SUBTOTAL of Receipts This Page (optional)	SURTOTAL of Receipts This Page (optional)	1		5000.00

TOTAL This Period (last page this line number only).....

5000.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 OF 38 (check only one) 11a 11b 11c 12 13 14 15 X 16 17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associ	ation Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS Mailing Address P. O. Box 17813			Date of Receipt 06 22 2015
City Richmond	State VA	Zip Code 23226	Transaction ID : C3035011 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C cod	0355461	1173.00
Name of Employer Receipt For:	Occupation		
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1173.00	Partial Refund of 12/2/2013 Contribution
Full Name (Last, First, Middle Initial) 3.			Date of Receipt
Mailing Address			M = M / D = D / Y = Y = Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			M - M / D - D / Y - Y - Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			1173.00

TOTAL This Period (last page this line number only).....

1173.00

S ľ

SCHEDULE B (FEC Form 3X)			FOR	LINE	NUMBER	:			PAGE	25	OF	38
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(6)166	k only					٠. ٦			
		Summary Page	<u>×</u>	21b 27	22 28a		23 28b	\square	24 28c	25 29		26 30b
Any information copied from such Reports and Statem	L nents may n	ot he sold or us	ed by any					of so			tions	
or for commercial purposes, other than using the nam												
NAME OF COMMITTEE (In Full)												
American Health Care Association	Political	Action Cor	nmittee)								
Full Name (Last, First, Middle Initial)												
A. American Express					Date o							
Mailing Address PO Box 53773					06		01		/ Y	2015	Y	
City	State	Zip Code			Trans	sactio	n ID	· D1	67198			
Phoenix Purpose of Disbursement	AZ	85072-3773			i i a i i	sactic	טו ווע		07 130			
Credit Card Processing Fees			Г.		Amoun	t of E	Each	Disb	urseme	nt this	Perio	od
Candidate Name			Catego	ry/					-	20	0.00	П
			Туре					-	7	20	3.66	_
Office Sought: House Disbursen Senate	nent For: Primary	General										
	Other (spec											
State: District:	(-)	97 ▼										
Full Name (Last, First, Middle Initial)												
B. American Express					Date o	f Disk	burse	men	t			
Mailing Address PO Box 53773					M = M 06	/	0		/ Y	2015	Υ	
City S Phoenix	State AZ	Zip Code 85072-3773			Trans	sactio	on ID	: D1	67199			
Purpose of Disbursement	, u <u></u>	00012-0110	_	_								
Credit Card Processing Fees					Amoun	t of E	Each	Disb	urseme	nt this	Perio	bd
Candidate Name			Catego							2	4.00	П
Office Sought: House Disbursen	ent For		Туре						7			
	Primary	General										
President	Other (spec	ify) ▼										
State: District:												
Full Name (Last, First, Middle Initial)					5 .							
C. American Express					Date o	t Dist						
Mailing Address PO Box 53773					06	/	10	_	/ Y	2015	Y	
•	State	Zip Code			Trans	sactio	on ID	: D1	67200			
Phoenix Purpose of Disbursement	AZ	85072-3773										
Credit Card Processing Fees					Amoun	t of E	Each	Disb	urseme	nt this	Perio	od
Candidate Name			Catego Type					- 1010	-		5.00	
Office Sought: House Disbursen	nent For:		71 -				7		7			
	Primary	General										
	Other (spec	ify) 🔻										
State: District:												
CUPTOTAL of Dishurosments This Dage (antique)										68	3.66	
SUBTOTAL of Disbursements This Page (optional)					-	-		=	7			=
TOTAL This Period (last page this line number only)									7			

S ľ

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) A. American Express Mailing Address PO Box 53773 City State Zip Code Phoenix AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name Office Sought: House Senate President Other (specify) Financy General Other (specify) Fill Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period State: District: Full Name (Last, First, Middle Initial)	SCHEDULE B (FEC Form 3X)		, FOR LII	NE NUMBER:		PAGE 2	6 OF	38
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) A. American Express Mailing Address PO Box 53773 City State Zp Code Phoenix AZ 85072-3773 Purpose of Diabursement Credit Care Processing Fees Candidate Name Office Sought: House President President President Other (specify) ▼ Transaction ID : D167201 Amount of Each Disbursement Category/ Type Date of Disbursement Inis Period Category/ Type Category/ Type Date of Disbursement Inis Period Category/ Type Category/ Type Category/ Type Date of Disbursement Inis Period Category/ Type Category/ Type Category/ Type Date of Disbursement Category/ Type Date of Disbursement Category/ Type Date of Disbursement Category/ Type Amount of Each Disbursement Credit Care Processing Fees Candidate Name Category/ Type Category/ Type Date of Disbursement Category/ Type Date of Disbursement Category/ Type Approach State: Sense State Sense	ITEMIZED DISBURSEMENTS		, I (CITCON)					
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee or solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) A. American Express Mailing Address PO Box 53773 City State Zip Code Phoenix AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/ Type Prisident District Full Name (Last, First, Middle Initial) B. American Express Mailing Address PO Box 53773 City State Zip Code Phoenix AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/ Type Date of Disbursement Inits Period Category/ Type Date of Disbursement Credit Card Processing Fees Candidate Name Category/ Type District Full Name (Last, First, Middle Initial) C. American Express Mailing Address PO Box 53773 City State Zip Code Primary General Primary General Primary General Primary General District Full Name (Last, First, Middle Initial) C. American Express Mailing Address PO Box 53773 City State Zip Code Primary General Primary General Primary General Primary General Primary General District Full Name (Last, First, Middle Initial) C. American Express Mailing Address PO Box 53773 City State Zip Code Primary General Primary General Primary General Disbursement Date of Disbursement Credit Card Processing Fees Cardidate Name Disbursement For: General Primary General Primary General Primary General Disbursement Inits Period District State: District Transaction ID: D167203 Amount of Each Disbursement Inits Period Amount of Each Disbursement His Period Transaction ID: D167203 Amount of Each Disbursement General Primary General Disbursement For: General Primary General Disbursement For: General Primary General Disbursement General Primary General Disbursemen							1	
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Pull) American Health Care Association Political Action Committee Full Mame (Last, First, Middle Initial) A. American Express Mailing Address PO Box 53773 City State Zip Code AZ 86072-3773 Purpose of Disbursement For: Credit Card Processing Fees Cariodiate Name Clast Print American Express Mailing Address PO Box 53773 City State Zip Code Printary General District Full Name (Last, First, Middle Initial) B. American Express Mailing Address PO Box 53773 City State Zip Code Processing Fees Candidate Name Clast Processing Fees Candidate Name Clast Processing Fees Candidate Name Disbursement For: Credit Card Processing Fees Candidate Name Office Sought: Printary General Disbursement For: Credit Card Processing Fees Candidate Name Office Sought: Printary General Disbursement For: Credit Card Processing Fees Candidate Name Office Sought: Printary General Disbursement For: Credit Card Processing Fees Candidate Name Office Sought: Printary General Disbursement For: Credit Card Processing Fees Candidate Name Office Sought: Full Name (Last, First, Middle Initial) C. American Express Mailing Address PO Box 53773 Transaction ID: D167202 Amount of Each Disbursement Office Sought: Transaction ID: D167203 Amount of Each Disbursement Office Sought: Office Sought: Full Name (Last, First, Middle Initial) C. Armerican Express Mailing Address PO Box 53773 City State Zip Code Printary General Disbursement For: Office Sought: Full Name (Last, First, Middle Initial) C. Armerican Express Mailing Address PO Box 53773 Transaction ID: D167203 Amount of Each Disbursement Office Sought: Offi	Any information copied from such Benorts and Stat	ements may not be sold or u						
American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) A. American Express Mailing Address PO Box 53773 City State Zip Code Phoenix AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name Olifice Sought: House President President Other (specify) General Propose of Disbursement For: State: District: Districts Full Name (Last, First, Middle Initial) B. American Express Mailing Address PO Box 53773 City State Zip Code Processing Fees Candidate Name Olifice Sought: House President State: Districts Full Name (Last, First, Middle Initial) Olifice Sought: House President State: Districts Full Name (Last, First, Middle Initial) Category' Type Olifice Sought: House President State: Districts Full Name (Last, First, Middle Initial) Category' Type Olifice Sought: House President State: Districts Districts Districts Districts Districts Districts Districts AZ 85072-3773 Transaction ID : D167202 Amount of Each Disbursement this Period Olifice Sought: House Districts Districts Transaction ID : D167203 Amount of Each Disbursement Category' Type Olifice Sought: House Districts Districts Districts AZ 85072-3773 Transaction ID : D167203 Amount of Each Disbursement Category' Type Olifice Sought: House President State Disbursement For: Category' Type Olifice Sought: House President State Disbursement For: State: Districts State: Districts Districts State: Districts Districts A 644.00								
Full Name (Last, First, Middle Initial) A American Express Mailing Address PO Box 53773 City State Zip Code Phoenix AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name Office Sought: House Phoenix AZ 85072-3773 City State Zip Code Phoenix President Disbursement For: State: District: Pull Name (Last, First, Middle Initial) B. American Express Mailing Address PO Box 53773 City State Zip Code Phoenix AZ 85072-3773 Purpose of Disbursement For: Senate Priseident Disbursement For: Category/ 19pe Date of Disbursement Office Sought: House Disbursement For: Category/ 19pe Date of Disbursement Transaction ID : D167202 Amount of Each Disbursement Category/ 19pe Transaction ID : D167202 Amount of Each Disbursement For: Senate Priseident Other (specify) ▼ Date of Disbursement this Period Category/ 19pe Transaction ID : D167202 Amount of Each Disbursement this Period Category/ 19pe Transaction ID : D167203 Amount of Each Disbursement Tor: Category/ 19pe Date of Disbursement this Period Category/ 19pe Transaction ID : D167203 Amount of Each Disbursement Tor: City State Zip Code Phoenix AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/ 19pe Transaction ID : D167203 Amount of Each Disbursement this Period Category/ 19pe Transaction ID : D167203 Amount of Each Disbursement this Period Category/ 19pe Transaction ID : D167203 Amount of Each Disbursement this Period Category/ 19pe Transaction ID : D167203 Amount of Each Disbursement this Period Date of Disbursement this Period Transaction ID : D167203 Amount of Each Disbursement this Period Date of Disbursement this Period Transaction ID : D167203 Transaction ID : D167203 Amount of Each Disbursement this Period Date of Disbursement this Period Transaction ID : D167203 Transaction ID : D167201	I \ ' '	_						
A American Express Mailing Address PO Box 53773 City State Zip Code Phoenix AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name City State Disbursement For: Senate President Disbursement For: Senate Phoenix AZ 85072-3773 City State District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Date of Disbursement Transaction ID : D167202 Amount of Each Disbursement Date of Disbursement Category/ Type Date of Disbursement Date of Disbursement Category/ Type Transaction ID : D167202 Amount of Each Disbursement bis Period Category/ Type Category/ Type Date of Disbursement bis Period Transaction ID : D167203 Amount of Each Disbursement bis Period Transaction ID : D167203 Amount of Each Disbursement bis Period Date of Disbursement bis Period D	American Health Care Associatio	n Political Action Co	mmittee					
Mailing Address PO Box 53773								
Mailing Address PO Box 53773 City Phoenix AZ State Primary Phoenix AZ State AZ Store Primary Primary Phoenix AZ Store Primary Primary Processor Candidate Name Category Category Transaction ID: D167201 Amount of Each Disbursement this Period Category Amount of Each Disbursement this Period Category Transaction ID: D167201 Amount of Each Disbursement this Period Category Amount of Each Disbursement this Period Category Transaction ID: D167201 Amount of Each Disbursement this Period Category Transaction ID: D167202 Amount of Each Disbursement Category Transaction ID: D167202 Amount of Each Disbursement Category Transaction ID: D167202 Amount of Each Disbursement this Period Category Transaction ID: D167202 Amount of Each Disbursement this Period Category Transaction ID: D167202 Amount of Each Disbursement this Period Category Transaction ID: D167202 Amount of Each Disbursement this Period Category Transaction ID: D167203 Amount of Each Disbursement Category Transaction ID: D167203 Amount of Each Disbursement Category Transaction ID: D167203 Amount of Each Disbursement this Period Category Transaction ID: D167203 Amount of Each Disbursement this Period Category Transaction ID: D167203 Amount of Each Disbursement this Period Category Transaction ID: D167203 Amount of Each Disbursement this Period Category Transaction ID: D167203 Amount of Each Disbursement this Period Category Transaction ID: D167203 Amount of Each Disbursement this Period Category Transaction ID: D167203 Amount of Each Disbursement this Period Category Transaction ID: D167203 Amount of Each Disbursement this Period Category Transaction ID: D167203 Amount of Each Disbursement this Period Category Transaction ID: D167203 Amount of Each Disbursement this Period Category Transaction ID: D167203 Amount of Each Disbursement this Period Category Transaction ID: D167203 Amount of Each Disbursement this Period Category Transaction ID: D167203 Amount of Each Disbursement this Period Category Transaction I	A. American Express							
Phoenix Purpose of Disbursement Credit Card Processing Fees Candidate Name Office Sought: House President State: Disbursement Credit Card Processing Fees Mailing Address PO Box 53773 City State Zip Code Primary General Primary General President State: Disbursement For: Senate President State: Disbursement Credit Card Processing Fees Category/ Type Date of Disbursement Category/ Type Date of Disbursement Credit Card Processing Fees Candidate Name Office Sought: House Primary General Primary Senate President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement Category/ Type Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Disbursement For: Senate Primary General Primary Category/ Type Date of Disbursement Category/ Type Transaction ID: D167202 Amount of Each Disbursement this Period Date of Disbursement this Period Category/ Type Date of Disbursement Category/ Type Amount of Each Disbursement Category/ Type Date of Disbursement Category/ Type Date of Disbursement Category/ Type Date of Disbursement Category/ Type Transaction ID: D167203 Amount of Each Disbursement this Period Category/ Type Transaction ID: D167203 Amount of Each Disbursement this Period Category/ Type Date of Disbursement Category/ Type Date of Disbursement Category/ Type Transaction ID: D167203 Amount of Each Disbursement this Period Category/ Type Date of Disbursement Category/ Type Date of Disbursement Category/ Type Date of Disbursement Date of Disbursement Date of Disbursement Category/ Type Date of Disbursement D	Mailing Address PO Box 53773							
Phonix AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name City State Zip Code Phoenix AZ 85072-3773 City State Zip Code Phoenix AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/ Type Date of Disbursement this Period Amount of Each Disbursement Transaction ID : D167202 Amount of Each Disbursement Category/ Type Transaction ID : D167202 Amount of Each Disbursement Date of Disbursement Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement Transaction ID : D167202 Amount of Each Disbursement Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement Transaction ID : D167203 Amount of Each Disbursement Category/ Type Date of Disbursement Date of Disbursement Transaction ID : D167203 Amount of Each Disbursement this Period Category/ Type Transaction ID : D167203 Amount of Each Disbursement this Period Category/ Type Transaction ID : D167203 Amount of Each Disbursement this Period Category/ Type Transaction ID : D167203 Amount of Each Disbursement this Period Category/ Type Transaction ID : D167203 Amount of Each Disbursement this Period Category/ Type Transaction ID : D167203 Amount of Each Disbursement this Period Category/ Type Transaction ID : D167203 Amount of Each Disbursement this Period	City			Trans	action ID · D	167201		
Credit Card Processing Fees Candidate Name Category/ Office Sought:		AZ 85072-3773	I		action ib . b	10/201		
Office Sought:				Amount	of Each Dis	bursement th	nis Pe	riod
Office Sought: House	Candidate Name		Category/				240.0	0
Senate President Other (specify) ▼ Full Name (Last, First, Middle Initial) B. American Express Mailing Address PO Box 53773 City State Zip Code Phoenix AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) C. American Express Mailing Address PO Box 53773 City State Zip Code AZ 85072-3773 Primary General Primary General Primary General President State: District: Full Name (Last, First, Middle Initial) C. American Express Mailing Address PO Box 53773 City State Zip Code AZ 85072-3773 City State Zip Code Phoenix AZ 85072-3773 City State Zip Code AZ 85072-3773 City State Zip Code AZ 85072-3773 City City State Zip Code AZ 85072-3773 City State Zip Code AZ 85072-3773 City State Zip Code AZ 85072-3773 City City State Zip Code AZ 85072-3773 City Sta					7	7	240.0	U
State: District: Other (specify) ▼ Full Name (Last, First, Middle Initial) B. American Express Mailing Address PO Box 53773 City State Zip Code AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name								
State: District: Full Name (Last, First, Middle Initial) B. American Express Mailing Address PO Box 53773 City State Zip Code Phoenix AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) C. American Express Mailing Address PO Box 53773 City State Zip Code AZ 85072-3773 Date of Disbursement Initial Period Amount of Each Disbursement this Period Category/ Type Date of Disbursement Initial Period Transaction ID: D167202 Amount of Each Disbursement this Period Date of Disbursement Transaction ID: D167203 Transaction ID: D167203 Transaction ID: D167203 Amount of Each Disbursement City State Zip Code AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) Category/ Type Office Sought: House Disbursement For: President State: District: SUBTOTAL of Disbursements This Page (optional)								
Mailing Address PO Box 53773 City State Zip Code Phoenix AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name Disbursement For: Senate President Other (specify) ▼ State: District: City State Zip Code B5072-3773 Primary General Other (specify) ▼ Date of Disbursement this Period Transaction ID : D167202 Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Transaction ID : D167202 Amount of Each Disbursement this Period Date of Disbursement this Period Transaction ID : D167203 Amount of Each Disbursement Date of Disbursement Date o								
Mailing Address PO Box 53773 City State Zip Code Primary General Other (specify) ▼ City State Zip Code Primary General Credit Card Processing Fees Category/ Type Transaction ID : D167202 Amount of Each Disbursement this Period Category/ Type Date of Disbursement Credit Card Processing Fees Candidate Name City State Zip Code Phoenix AZ 85072-3773 City State Zip Code Phoenix AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/ Type Transaction ID : D167202 Amount of Each Disbursement Credit Card Processing Fees Candidate Name Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) ▼ State: District: Substruct: District: AZ 85072-3773 Amount of Each Disbursement this Period Category/ Type 184.00 Substruct: District: AG4.00	Full Name (Last, First, Middle Initial)							
Mailing Address PO Box 53773 City Phoenix Purpose of Disbursement Credit Card Processing Fees Candidate Name Disbursement For: Senate Primary Other (specify) Mailing Address PO Box 53773 City Phoenix Mailing Address PO Box 53773 City Phoenix Mailing Address PO Box 53773 City Phoenix AZ State Candidate Name City Phoenix AZ State City Phoenix AZ Storz-3773 City Phoenix AZ Storz-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/ Type Transaction ID : D167202 Amount of Each Disbursement this Period Transaction ID : D167203 Amount of Each Disbursement Category/ Type Transaction ID : D167203 Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) Transaction ID : D167203 Amount of Each Disbursement this Period Category/ Type 184.00 SUBTOTAL of Disbursements This Page (optional)	B. American Express			Date of	Disburseme	nt		
City	Mailing Address PO Box 53773							1
Phoenix AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/ Type District: Full Name (Last, First, Middle Initial) Category/ State: District: Full Name (Last, First, Middle Initial) City State Zip Code Phoenix AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/ Type Date of Disbursement Transaction ID: D167202 Amount of Each Disbursement this Period Date of Disbursement City State Zip Code AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Disbursement this Period State: District: SUBTOTAL of Disbursements This Page (optional)								
Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ City State Zip Code AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name City State Zip Code AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State District: Date of Disbursement Transaction ID : D167203 Amount of Each Disbursement Category/ Type Office Sought: House Primary General Other (specify) ▼ Substock Substock Substock Substock Substock Substock Amount of Each Disbursement this Period		•		Trans	action ID : D	167202		
Candidate Name Category/ Type		AL 05012-3113		-				
Office Sought: House Senate President State: District: Date of Disbursement For: Full Name (Last, First, Middle Initial) C. American Express Mailing Address PO Box 53773 City State Zip Code Phoenix AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name Office Sought: House Senate Primary General Other (specify) Type Office Sought: House Disbursement For: Senate President State: District: Substate: District: Substate: District: A40.00	Credit Card Processing Fees			Amount	of Each Dis	bursement th	nis Pe	riod
Office Sought:	Candidate Name						40.0	00
Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) C. American Express Mailing Address PO Box 53773 City State Zip Code Phoenix AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name Candidate Name Disbursement For: Senate Primary General Other (specify) State: District: Substortal of Disbursements This Page (optional)	Office Sought: House Dichure	oment For:	Туре		7	7		لت
State: District: Full Name (Last, First, Middle Initial) C. American Express Mailing Address PO Box 53773 City Phoenix Purpose of Disbursement Credit Card Processing Fees Candidate Name Candidate Name Disbursement For: Senate President State: District: Substotal Other (specify) ACTION Office Sought: House President State: District: Substotal Other (specify) ACTION Office Specify) ACTION Office Specify ACTION OF								
Full Name (Last, First, Middle Initial) C. American Express Mailing Address PO Box 53773 City State Zip Code Phoenix AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/ Type Office Sought: House Senate Primary General Primary General President State: District: Substortal of Disbursements This Page (optional)	President							
C. American Express Mailing Address PO Box 53773 City State Zip Code Phoenix AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/ Type Office Sought: House Primary General Other (specify) ▼ State: District: Subtotal of Disbursement AZ 85072-3773 Amount of Each Disbursement this Period Category/ Type 184.00 464.00	State: District:							
Mailing Address PO Box 53773 City State Zip Code Phoenix AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/ Type Office Sought: House Primary General Primary General President Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)								
Mailing Address PO Box 53773 City State Zip Code Phoenix AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name Candidate Name Category/ Type Office Sought: House Primary General President President State: District: Substortal of Disbursements This Page (optional)	C. American Express				_			
City State Zip Code 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substotal Az 85072-3773 Amount of Each Disbursement this Period 184.00 Amount of Each Disbursement this Period 184.00 Amount of Each Disbursement this Period 184.00	Mailing Address PO Box 53773							
Phoenix AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/ Type Category/ Type Category/ Type Category/ Type Senate Primary General Other (specify) State: District: Substrict: Substrict: Substrict: Substrict: Substrict: Substrict: Substrict: Substrict: Primary General Other (specify) Amount of Each Disbursement this Period								
Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/ Type Category/ Type 184.00 Office Sought: House Senate Primary General President State: District: Substrict: Amount of Each Disbursement this Period Category/ Type 184.00 Amount of Each Disbursement this Period Category/ Type 464.00		•		Trans	action ID : D	167203		
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substruct: House Senate Primary General Other (specify) State: District: House Senate Primary General Other (specify) Amount of Each Disbursement this Period 464.00		AZ 63072-3773		-				
Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	Credit Card Processing Fees			Amount	of Each Dis	bursement th	nis Pe	riod
Office Sought: House Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	Candidate Name			· -			184.0	0
Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	Office Sought: House Dishurs	ement For:	туре		7	7	-	
State: District: SUBTOTAL of Disbursements This Page (optional)								
SUBTOTAL of Disbursements This Page (optional)	President	Other (specify) ▼						
SUBTUTAL OF DISDUISEMENTS THIS Fage (Optional)	State: District:	_						
SUBTUTAL OF DISDUISEMENTS THIS Fage (optional)							164.04	
TOTAL This Period (last page this line number only)	SUBTOTAL of Disbursements This Page (optional))		<u> </u>	,	-	+04.00	5
	TOTAL This Period (last page this line number on	ly)					400	[]

SCHEDULE B (FEC Form 3X)	Han amounts and the Co.	FOR LINE I	NUMBER:	PAGE 27 OF 38
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 30b
Any information copied from such Reports and Staten	I nents may not be sold or use			
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	.			
American Health Care Association	Political Action Com	nmittee		
Full Name (Last, First, Middle Initial)				
A. American Express			Date of Disburse	
Mailing Address PO Box 53773			06 1	6 2015
•	State Zip Code		Transaction ID	· D167204
Phoenix Purpose of Disbursement	AZ 85072-3773		Transaction ib	. 5101204
Credit Card Processing Fees			Amount of Each	Disbursement this Period
Candidate Name		Category/		0.00
Office Occupied		Туре		0.80
Office Sought: House Disburser Senate	nent For: Primary General			
President	Other (specify)			
State: District:	· · · · · · · · · · · · · · · · · · ·			
Full Name (Last, First, Middle Initial)				
B. American Express			Date of Disburse	ement
Mailing Address PO Box 53773			M M / D 0	22 2015
Mailing Address PO Box 53773			00 2	.2 2013
	State Zip Code		Transaction ID	: D167205
Phoenix Purpose of Disbursement	AZ 85072-3773			
Credit Card Processing Fees			Amount of Each	Disbursement this Period
Candidate Name		Category/		266.62
Office Sought: House Disbursen	pent For:	Туре		200.02
Senate Disburser	Primary General			
President	Other (specify) ▼			
State: District:	· 			
Full Name (Last, First, Middle Initial)			D-14- (5')	
C. American Express			Date of Disburse	
Mailing Address PO Box 53773			06 Z	5 2015
City	State Zin Code			
,	State Zip Code AZ 85072-3773		Transaction ID	: D167206
Purpose of Disbursement				
Credit Card Processing Fees Candidate Name			Amount of Each	Disbursement this Period
Candidate Ivallie		Category/ Type		36.80
Office Sought: House Disburser	nent For:	. ,, pc		
	Primary General			
President	Other (specify) ▼			
State: District:				
SURTOTAL of Disburgamenta This Dage (anti-un-1)				304.22
SUBTOTAL of Disbursements This Page (optional)		·····		
TOTAL This Period (last page this line number only)				

S ľ

S	CHEDULE B (FEC Form 3X)			FOF	R L	INE N	NUMBER	:			PA	GE	28	OF	38
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	1 (0110	_	only] 00		٦٥،	_	_ مد	_	¬ oc
			Summary Page		_	21b 27	22 28a		23 28b	\vdash	24 28c	-	25 29	-	26 30b
Δr	ny information copied from such Reports and Staten	l nents may i	not he sold or us	ed by ar				nur		of s				ıtion	
	for commercial purposes, other than using the name														
\setminus	NAME OF COMMITTEE (In Full)														
/	American Health Care Association	Politica	Action Cor	nmitte	е										
_	Full Name (Last, First, Middle Initial)														
Α.	BB&T Merchant Services						Date o	of Di	sburse	eme	nt				
	Mailing Address PO Box 200						06	/	1	5	/		2015	Y	
	City	State	Zip Code							_					
	Wilson	NC	27894-0200				Trans	sact	ion ID	: D	16720	7			
	Purpose of Disbursement Credit Card Processing Fees				T	7	Amoun	nt of	Each	Dis	burse	men	t this	Per	iod
	Candidate Name			Categ Typ		/		Ξ	,		-	Ι	53	3.48	3
	Office Sought: House Disbursen Senate	nent For: Primary	General												
		Other (spe													
	State: District:		•												
	Full Name (Last, First, Middle Initial)														
В.	BB&T						Date o		sburse		nt / 🗔	/ = Y	/ I Y	Y	
	Mailing Address 1099 New York Ave NW Ste 100						06		2	22		2	2015	_	
	Washington	State DC	Zip Code 20001-4452				Trans	sact	ion ID) : D	16719)6			
	Purpose of Disbursement Bank Fees				T		Amoun	nt of	Each	Dis	burse	men	t this	Per	iod
	Candidate Name			Categ Typ		/		I	7			Ι	34	6.06	6
	Office Sought: House Disbursen	nent For:													
		Primary	General												
	President State: District:	Other (spec	CITY) $lacksquare$												
_	Full Name (Last, First, Middle Initial)														
C.	BB&T						Date o	f Di	sburse	eme	nt				
	Mailing Address 1099 New York Ave NW						м - м 06	/	2	2	/ Y		015	Y	
	Ste 100						00		_	_			010		
	•	State	Zip Code				Trans	sact	ion ID) : D	16719)7			
	Washington Purpose of Disbursement	DC	20001-4452			\blacksquare									
	Bank Fees					Ш	Amoun	nt of	Each	Dis	burse	men	t this	Per	iod
	Candidate Name			Categ Typ		/		Ť	-			Ť	9	2.39)
	Office Sought: House Disbursen	nent For:							7		, ,				
		Primary	General												
		Other (spe	city) 🔻												
г	State: District:											_			
, ا	SUBTOTAL of Disbursements This Page (optional)												97	1.93	
H	ago (opional)						-	÷	1		- 7	÷	#		#
Т	OTAL This Period (last page this line number only)					•			,		- 7		1808	8.81	

SC	CHEDULE B (FEC Form 3X)				OD :	INIT **				$\overline{}$	PAGE	20	OF	38
	EMIZED DISBURSEMENTS	Use separate schedule(s)					le(s) (check only one)							
• • •			category of the Summary Page	`		21b [22	X	23		24	25		26
		Detailed				27	28a		28b		28c	29		30b
	y information copied from such Reports and Staten													3
or	for commercial purposes, other than using the name	ne and add	ress of any politic	cal con	nmitt	tee to s	solicit co	ntrib	utions	from	such o	commi	ttee.	
	NAME OF COMMITTEE (In Full)			_										
$ \rangle$	American Health Care Association	Politica	I Action Cor	nmitt	tee									
\angle	Full Name (Last, First, Middle Initial)													
_	BLUE HEN PAC						Date o	f Dis	burse	ment				
							M = M	/	D	D /	Υ	YY	Υ	
	Mailing Address PO BOX 15293						06		0	1	2	2015		
	City	State	Zip Code			+								
	Washington	DC	20003				Trans	sacti	on ID	: D16	6326			
	Purpose of Disbursement		20003											
	Contribution			Ι.		Ш	Amoun	t of	Each	Disbu	rsemer	nt this	Perio	bc
	Candidate Name			Cate	egor	y/		-	-			E00	0.00	\neg
					ype				7		7	500	0.00	
	Office Sought: House Disbursen													
		Primary	General											
	State: District:	Other (spe	city) 🔻											
	Full Name (Last, First, Middle Initial)													
В.	BROOKS-BUCSHON JOINT FUNI	RAISII	NG COMMI	TTF	=		Date o	f Dis	burse	ment				
	BROOKS BESSHORT TON	510,001	10 COMM		_		M M		D	D /	Υ	Y Y	Υ	
	Mailing Address 4703 Woodway Lane, NW						06		0	1	نطا	2015		
	City S Washington	State DC	Zip Code 20016				Trans	sacti	on ID	: D16	6322			
	Purpose of Disbursement	DC	20016											
	Contribution			Ε.			Amoun	t of	Each	Disbu	rseme	nt this	Perio	od
	Candidate Name			Cate	egor	v/			-		-	400	0.00	\neg
					ype	,			7		7	100	0.00	
	Office Sought: House Disbursen													
		Primary	General											
	President State: District:	Other (spe	сіту) 🔻											
_	Full Name (Last, First, Middle Initial)					+								
C.	Families for James Lankford						Date o	f Dis	burse	ment				
-	Tarrilles for Jarries Larikioru						M M	_	D		Υ	Y Y	Y	
	Mailing Address PO Box 1639						06		10	3		2015		
	•	State OK	Zip Code 73008				Trans	sacti	on ID	: D16	6490			
	Bethany Purpose of Disbursement	OK	73006											
	Contribution			Ε.			Amoun	nt of	Fach	Dishu	rsemei	nt this	Perio	hc
	Candidate Name			Cate	egor	v/	7 11110 4111							
	James Paul Lankford				ype	,						100	0.00	
		nent For:												
		Primary	General											
	President State: OK District:	Other (spe	city) 🔻											
г	State: OK District:													_
。	UBTOTAL of Disbursements This Page (optional)											700	0.00	\neg
Ľ	ODITION DISSUISEMENTS THIS FAYE (OPHORIA)					_	-	+	7	\Rightarrow	7	-		=
Т.	OTAL This Period (last page this line number only)					•	Ι.				(B) - T			

SCHEDULE B (FEC Form 3X)	Han congrete ashedule(s)	FOR LINE I	TOWNDELL.	PAGE 30 OF 38
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 🔀 23 🗀 2	4 25 26
	Detailed Summary Page	27		8c 29 30b
Any information copied from such Reports and Stater				
or for commercial purposes, other than using the name	ne and address of any politica	l committee to	solicit contributions from	such committee.
NAME OF COMMITTEE (In Full) American Health Care Association	Political Action Com	mittee		
	1 Ollical Action Com	milloc		
Full Name (Last, First, Middle Initial) A. IMPACT			Date of Disbursement	
- INFACT			M M / D D /	YIYIY
Mailing Address 509 MADISON AVE.			06 29	_2015
SUITE 1902 City	State Zip Code			
NEW YORK	NY 10022		Transaction ID : D160	6789
Purpose of Disbursement Contribution			Amount of Each Disbu	reamont this Pariod
Candidate Name		Catagony	Amount of Lacif Disbut	TSEMENT UNS FERIOU
		Category/ Type		5000.00
Office Sought: House Disburser				
Senate President	Primary General Other (specify) ▼			
State: District:	, , , , , , , , , , , , , , , , , , ,			
Full Name (Last, First, Middle Initial)			5	
B. Kathleen Rice for Congress			Date of Disbursement	
Mailing Address 410 Jericho Turnpike Suite 200			06 01	2015
Jericho	State Zip Code NY 11753		Transaction ID : D16	6324
Purpose of Disbursement Contribution			Amount of Each Disbu	rsement this Period
Candidate Name		Category/		
Rep. Kathleen Rice		Type	7	1000.00
	nent For: 2016 Primary General			
President	Other (specify) ▼			
State: NY District: 04				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
C. New Democrat Coalition			M M / D D /	Y Y Y Y Y
Mailing Address 700 13TH STREET, NW SUITE 600			06 23	2015
City	State Zip Code DC 20005		Transaction ID : D16	6724
Purpose of Disbursement	DC 20005			
Contribution			Amount of Each Disbui	rsement this Period
Candidate Name		Category/		5000.00
Office Sought: House Disburser	nent For:	Туре	-	7
	Primary General			
President District:	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)				11000.00
TOTAL This Period (last page this line number only)				

SC	CHEDULE B (FEC Form 3X)			FOR LIN	IE NUMBE	R:		PAC	iE 31	OF 38)
ITI	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check o			[¬			
			Summary Page	21			23 28b	24 28c	25	30	
Λ	information assist from such Departs and Obstant										
	ny information copied from such Reports and Statem for commercial purposes, other than using the name										
$\overline{}$	NAME OF COMMITTEE (In Full)										_
\rangle	American Health Care Association	Politica	I Action Com	mittee							
<u>/_</u>											
^	Full Name (Last, First, Middle Initial)	00.00	NODEGO		Doto	of Dio	bursem	nont.			
Α.	CATHY MCMORRIS RODGERS F	OR CO	NGRESS								
	Mailing Address PO Box 137				06		23	/	2015	" Y	
	•	State	Zip Code		Tra	nsactio	on ID :	D166725	5		
	Spokane Purpose of Disbursement	WA	99210								
	Contribution			· · ·	Amo	unt of I	Each D	isbursen	nent this	Period	
	Candidate Name			Category/	1	-					ï
	Rep. Cathy McMorris Rodgers			Type			,		500	00.00	
		nent For:	2016								
		Primary	General								
	State: WA District: 05	Other (spe	city) 🔻								
	Full Name (Last, First, Middle Initial)										_
В.	BUTTERFIELD FOR CONGRESS				Date	of Dis	bursem	nent			
					M	M /	D D	/ Y	- Y - Y	Y	
	Mailing Address PO Box 2571				0	6	10	┚┖	2015		
	City	State	Zip Code								
			ZID COOE				- ID -	D46640			
	•	NC			Tra	nsacti	: עו ווט	D 10049	•		
	Wilson Purpose of Disbursement		27894		Tra	nsacti	: טו ווט	D10049.	•		
	Wilson Purpose of Disbursement Contribution							isbursen		Period	
	Wilson Purpose of Disbursement Contribution Candidate Name			Category/					nent this		
	Wilson Purpose of Disbursement Contribution Candidate Name G.K. Butterfield	NC	27894	Category/ Type					nent this	Period	
	Wilson Purpose of Disbursement Contribution Candidate Name G.K. Butterfield Office Sought: House Disbursem	NC	27894						nent this		
	Wilson Purpose of Disbursement Contribution Candidate Name G.K. Butterfield Office Sought: House Senate Disbursem	NC	27894 2016 General						nent this		
	Wilson Purpose of Disbursement Contribution Candidate Name G.K. Butterfield Office Sought: House Disbursement Senate Senate Disbursement Senate Senate	nent For:	27894 2016 General						nent this		
	Wilson Purpose of Disbursement Contribution Candidate Name G.K. Butterfield Office Sought: House Senate President State: NC District: 01 Full Name (Last, First, Middle Initial)	nent For:	27894 2016 General		Amou	unt of I	Each D	Disbursen	nent this		
<u> </u>	Wilson Purpose of Disbursement Contribution Candidate Name G.K. Butterfield Office Sought: House Senate President State: NC District: 01	nent For:	27894 2016 General		Amou	unt of I		Disbursen	nent this		
<u> </u>	Wilson Purpose of Disbursement Contribution Candidate Name G.K. Butterfield Office Sought: Senate President State: NC District: 01 Full Name (Last, First, Middle Initial) CASTRO FOR CONGRESS	nent For:	27894 2016 General		Amou	of Dis	Each D	nent	100	00.00	
C .	Wilson Purpose of Disbursement Contribution Candidate Name G.K. Butterfield Office Sought: House Senate President State: NC District: 01 Full Name (Last, First, Middle Initial)	nent For:	27894 2016 General		Amou	of Dis	Each D	nent	nent this	00.00	
c .	Wilson Purpose of Disbursement Contribution Candidate Name G.K. Butterfield Office Sought: House Senate President State: NC District: 01 Full Name (Last, First, Middle Initial) CASTRO FOR CONGRESS Mailing Address PO BOX 544 City	nent For: Primary Other (spe	27894 2016 General		Date 06	of Dis	bursem	nent / Y	100 Y Y 2015	00.00	
C .	Wilson Purpose of Disbursement Contribution Candidate Name G.K. Butterfield Office Sought: House Senate President State: NC District: 01 Full Name (Last, First, Middle Initial) CASTRO FOR CONGRESS Mailing Address PO BOX 544 City SAN ANTONIO	nent For: Primary Other (spe	27894 2016 General cify) •		Date 06	of Dis	bursem	nent	100 Y Y 2015	00.00	
С.	Wilson Purpose of Disbursement Contribution Candidate Name G.K. Butterfield Office Sought: House Senate President State: NC District: 01 Full Name (Last, First, Middle Initial) CASTRO FOR CONGRESS Mailing Address PO BOX 544 City	nent For: Primary Other (spe	27894 2016 General cify) Zip Code		Date O6	of Dis	bursem	nent / Y	100 2015	00.00 Y	
С.	Wilson Purpose of Disbursement Contribution Candidate Name G.K. Butterfield Office Sought: House Senate President State: NC District: 01 Full Name (Last, First, Middle Initial) CASTRO FOR CONGRESS Mailing Address PO BOX 544 City SAN ANTONIO Purpose of Disbursement	nent For: Primary Other (spe	27894 2016 General cify) Zip Code	Type	Date O6	of Dis	bursem	nent / Y	100 2015	00.00 Y	
С.	Wilson Purpose of Disbursement Contribution Candidate Name G.K. Butterfield Office Sought: House Senate President State: NC District: 01 Full Name (Last, First, Middle Initial) CASTRO FOR CONGRESS Mailing Address PO BOX 544 City SAN ANTONIO Purpose of Disbursement Contribution	nent For: Primary Other (spe	27894 2016 General cify) Zip Code		Date O6	of Dis	bursem	nent / Y	y y 2015	00.00 Y	
C .	Wilson Purpose of Disbursement Contribution Candidate Name G.K. Butterfield Office Sought: House Senate President State: NC District: 01 Full Name (Last, First, Middle Initial) CASTRO FOR CONGRESS Mailing Address PO BOX 544 City SAN ANTONIO Purpose of Disbursement Contribution Candidate Name Rep. Joaquin Castro	nent For: Primary Other (spe	27894 2016	Type Category/	Date O6	of Dis	bursem	nent / Y	y y 2015	Period	
C.	Wilson Purpose of Disbursement Contribution Candidate Name G.K. Butterfield Office Sought: House Senate President State: NC District: 01 Full Name (Last, First, Middle Initial) CASTRO FOR CONGRESS Mailing Address PO BOX 544 City SAN ANTONIO Purpose of Disbursement Contribution Candidate Name Rep. Joaquin Castro Office Sought: House Senate	nent For: Primary Other (spe	27894 2016	Type Category/	Date O6	of Dis	bursem	nent / Y	y y 2015	Period	
C.	Wilson Purpose of Disbursement Contribution Candidate Name G.K. Butterfield Office Sought: House Senate President State: NC District: 01 Full Name (Last, First, Middle Initial) CASTRO FOR CONGRESS Mailing Address PO BOX 544 City SAN ANTONIO Purpose of Disbursement Contribution Candidate Name Rep. Joaquin Castro Office Sought: House Senate President Senate President Disbursement Comparison Castro Office Sought: House Senate President	nent For: Primary Other (spe	27894 2016	Type Category/	Date O6	of Dis	bursem	nent / Y	y y 2015	Period	
C.	Wilson Purpose of Disbursement Contribution Candidate Name G.K. Butterfield Office Sought: House Senate President State: NC District: 01 Full Name (Last, First, Middle Initial) CASTRO FOR CONGRESS Mailing Address PO BOX 544 City SAN ANTONIO Purpose of Disbursement Contribution Candidate Name Rep. Joaquin Castro Office Sought: House Senate	nent For: Primary Other (spe	27894 2016	Type Category/	Date O6	of Dis	bursem	nent / Y	y y 2015	Period	
C.	Wilson Purpose of Disbursement Contribution Candidate Name G.K. Butterfield Office Sought: House Senate President	nent For: Primary Other (spe	27894 2016	Type Category/ Type	Date O6	of Dis	bursem	nent / Y	2015 anent this	Period	
C.	Wilson Purpose of Disbursement Contribution Candidate Name G.K. Butterfield Office Sought: House Senate President State: NC District: 01 Full Name (Last, First, Middle Initial) CASTRO FOR CONGRESS Mailing Address PO BOX 544 City SAN ANTONIO Purpose of Disbursement Contribution Candidate Name Rep. Joaquin Castro Office Sought: House Senate President Senate President Disbursement Comparison Castro Office Sought: House Senate President	nent For: Primary Other (spe	27894 2016	Type Category/ Type	Date O6	of Dis	bursem	nent / Y	2015 anent this	Period	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 32 OF 38					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	only one)						
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30b					
Any information copied from such Deposits and Chater	nonto mou not be sald as								
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan									
NAME OF COMMITTEE (In Full)									
American Health Care Association	Political Action Com	mittee							
/		<u> </u>							
Full Name (Last, First, Middle Initial)	-00		Date of Disburseme	unt					
A. KURT SCHRADER FOR CONGRE	:55		M M / D D	/					
Mailing Address PO Box 3314			06 01	2015					
•	State Zip Code OR 97045		Transaction ID : D	166321					
Oregon City Purpose of Disbursement	OR 97045								
Contribution			Amount of Each Dis	sbursement this Period					
Candidate Name		Category/		5000.00					
Rep. Kurt Schrader		Type		5000.00					
	ment For: 2016								
Senate President	Primary General Other (specify)								
State: OR District: 05	Other (specify)								
Full Name (Last, First, Middle Initial)									
B. LYNN JENKINS FOR CONGRESS	3		Date of Disburseme	ent					
			M = M / D = D	/					
Mailing Address P.O. Box 1441			06 17	2015					
	State Zip Code		Transaction ID : D	0166583					
Topeka Purpose of Disbursement	KS 66601								
Contribution		· · · ·	Amount of Each Dis	sbursement this Period					
Candidate Name		Category/		5000.00					
Rep. Lynn Jenkins		Type		5000.00					
	nent For: 2016								
Senate President	Primary General Other (specify) ▼								
State: KS District: 02	Other (specify)								
Full Name (Last, First, Middle Initial)									
C. MCHENRY FOR CONGRESS			Date of Disburseme	ent					
			M M / D D	/ Y Y Y Y Y					
Mailing Address PO BOX 1406			06 10	2015					
City	State Zip Code								
	NC 28603		Transaction ID : D	0166487					
Purpose of Disbursement Contribution									
Candidate Name			Amount of Each Dis	sbursement this Period					
Rep. Patrick T. McHenry		Category/ Type		1000.00					
·	nent For: 2016	Турс							
Senate	Primary General								
President	Other (specify) ▼								
State: NC District: 10									
				44000.00					
SUBTOTAL of Disbursements This Page (optional)		······		11000.00					
TOTAL This Period (last page this line number only)									
I I I I I I I I I I I I I I I I I I I									

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 33 (OF 38				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	only one)					
	Detailed Summary Page	21b	22 🗙 23 24 25	26				
Г		27	28a 28b 28c 29	30				
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)	ic and address of any point	car committee to	Solicit Contributions from Such Continue					
American Health Care Association	Political Action Cor	mmittoo						
American Health Care Association	Political Action Col	mmuee						
Full Name (Last, First, Middle Initial)								
A. FRIENDS OF ROSA DELAURO			Date of Disbursement					
Mailing Address 12 TRUMBULL STREET			06 10 2015	Y				
City	State Zip Code							
NEW HAVEN	CT 06511		Transaction ID : D166494					
Purpose of Disbursement								
Contribution			Amount of Each Disbursement this	Period				
Candidate Name		Category/	2500	0.00				
Rep. Rosa DeLauro		Type	2500	0.00				
	nent For: 2016							
	Primary General							
State: CT District: 03	Other (specify) ▼ Convention							
Full Name (Last, First, Middle Initial)	Convention							
B. TULSI FOR HAWAI'I			Date of Disbursement					
TOLOTT ON HAVVAIT			M M / D D / Y Y Y	V				
Mailing Address PO BOX 75561			06 01 2015					
City	State Zip Code		Transaction ID : D166323					
KAPOLEI	HI 96707		11411340tion 15 : 5100020					
Purpose of Disbursement Contribution			Amount of Fook Dishurasment this	Daviad				
Candidate Name			Amount of Each Disbursement this	renou				
Rep. Tulsi Gabbard		Category/ Type	2500	0.00				
•	nent For: 2016	Турс	, , , , , , , , , , , , , , , , , , , ,					
	Primary General							
	Other (specify) ▼							
State: HI District: 02								
Full Name (Last, First, Middle Initial)								
C. THE BILL KEATING COMMITTEE			Date of Disbursement					
M. W. A. I.I			M M / D D / Y Y Y	Υ				
Mailing Address PO BOX 3065			06 01 2015	_				
City	State Zip Code							
	MA 02532		Transaction ID : D166325					
Purpose of Disbursement								
Contribution			Amount of Each Disbursement this	Period				
Candidate Name		Category/	1000	0.00				
Rep. William Keating		Туре	1000	0.00				
	nent For: 2016							
	Primary General Other (specify)							
State: MA District: 09	outor (specify)							
Production 09								
SUBTOTAL of Disbursements This Page (optional)			6000	0.00				
TOTAL This Period (last page this line number only).			1					

SCHEDULE B (FEC Form 3X)	Llea congrata cohedula(=)	FOR LINE I		OF 38
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	22 🗶 23 🔲 24 📗 25	26
	, ,	27	28a 28b 28c 29	30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Health Care Association	Political Action Com	mittee		
Full Name (Last, First, Middle Initial)				
A. Scalise Leadership Fund			Date of Disbursement	Y
Mailing Address 317 15th Street NE			06 10 2015	
	State Zip Code		Transaction ID : D166488	
Washington Purpose of Disbursement	DC 20002			
Contribution			Amount of Each Disbursement this	Period
Candidate Name		Category/ Type	1000	0.00
Office Sought: House Disbursen				
	Primary General			
State: President State:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. FRIENDS OF SCHUMER			Date of Disbursement	
Moiling Address 500 MADIOON AVE OUTE 4000			06 29 2015	Y
Mailing Address 509 MADISON AVE SUITE 1902			06 29 2015	
,	State Zip Code NY 10022		Transaction ID : D166786	
Purpose of Disbursement Contribution			Amount of Each Disbursement this	Period
Candidate Name		Category/		
Sen. Charles E. Schumer		Type	1000	0.00
Office Sought: House Disbursen	nent For: 2016			
	Primary General			
State: NY District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)			Data of Dishumannant	
C. MIKE CRAPO FOR US SENATE			Date of Disbursement	
Mailing Address P.O. BOX 1948			06 10 2015	Y
	State Zip Code		Transaction ID : D166495	
BOISE Purpose of Disbursement	ID 83701			
Contribution			Amount of Each Disbursement this	Pariod
Candidate Name		Category/		
Sen. Michael D. Crapo		Type	1000	0.00
Senate President	nent For: 2016 Primary General Other (specify)			
State: ID District:				
SUBTOTAL of Disbursements This Page (optional)		······ >	3000	0.00
TOTAL This Period (last page this line number only)		·····•		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 35 OF 38			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		nly one)			
	Detailed Summary Page	27	28a 28b 28c 29 30b			
Any information copied from such Reports and States						
or for commercial purposes, other than using the nar	ne and address of any politi	cal committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) American Health Care Association	Political Action Cor	nmittee				
	- Cittodi 7 totioii Coi					
Full Name (Last, First, Middle Initial) A. LEAHY FOR U.S. SENATOR COM			Date of Disbursement			
A LEARY FOR U.S. SENATOR COM	/IIVII I EE		M M / D D / Y Y Y Y			
Mailing Address PO Box 1042			06 23 2015			
•	State Zip Code		Transaction ID : D166722			
Montpelier Purpose of Disbursement	VT 05601-1042		1141104041011 15 1 5 1007 22			
Contribution			Amount of Each Disbursement this Period			
Candidate Name		Category/	4000.00			
Sen. Patrick J. Leahy	. =	Type	1000.00			
Office Sought: House Disburser Senate	nent For: 2016 Primary General					
President	Other (specify)					
State: VT District:						
Full Name (Last, First, Middle Initial)			B (B) .			
B. SHORE PAC			Date of Disbursement			
Mailing Address PO. Box 3157			06 10 2015			
City Long Branch	State Zip Code NJ 07740		Transaction ID : D166489			
Purpose of Disbursement	140 07740					
Contribution			Amount of Each Disbursement this Period			
Candidate Name		Category/	1500.00			
Office Sought: House Disburser	ment For:	Туре				
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial) C. The Pat Roberts Victory Committe	<u>م</u>		Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address 610 S. BOULEVARD			06 23 2015			
City TAMPA	State Zip Code FL 33606		Transaction ID: D166723			
Purpose of Disbursement	12 33000					
Contribution			Amount of Each Disbursement this Period			
Candidate Name		Category/	3000.00			
Office Sought: House Disburser	ment For:	Туре				
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional)			5500.00			
CODICIAL OF DISDUISEMENTS THIS Page (Optional)						
TOTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 36 OF 38
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	24 25 26	
		27	28a 28b	28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may not be sold or use e and address of any politica	ed by any perso	on for the purpose solicit contributions	of soliciting contributions from such committee.
NAME OF COMMITTEE (In Full)				
American Health Care Association	Political Action Com	mittee		
Full Name (Last, First, Middle Initial)			5	
A. Tuesday Group Political Action Cor	nmittee		Date of Disburse	
Mailing Address PO Box 11586			06 0	2015
,	tate Zip Code		Transaction ID	: D166327
	DC 20008			
Purpose of Disbursement Contribution			Amount of Each	Disbursement this Period
Candidate Name		Category/ Type		5000.00
	nent For: Primary General Other (specify)			
State: District:	(openny) •			
Full Name (Last, First, Middle Initial)			Data of Dishuras	.mont
			Date of Disburse	
Mailing Address				
City	state Zip Code			
Purpose of Disbursement			Amount of Each	Disbursement this Period
Candidate Name		Category/ Type		
	nent For: Primary General Other (specify) ▼	71	,	
State: District:				
Full Name (Last, First, Middle Initial) C.			Date of Disburse	
Mailing Address			M M / D	D / Y Y Y Y
City	State Zip Code			
Purpose of Disbursement				
Candidate Name		Category/ Type	Amount of Each	Disbursement this Period
President	nent For: Primary General Other (specify)	71.		
State: District:				
SUBTOTAL of Disbursements This Page (optional)		·····• <u>▶</u>		5000.00
TOTAL This Period (last page this line number only).				55500.00

CHEDULE B (FEC Form 3X)		EOD LINIT	PAGE 37 OF 38			
TEMIZED DISBURSEMENTS	Use separate schedule(s)					
LIMILED DIODONOLIMENTO	for each category of the Detailed Summary Page) 21b				
	Detailed Summary Fage	27	X 28a 28b 28c 29 30			
any information copied from such Reports and Statem	nents may not be sold or us	sed by any per	son for the purpose of soliciting contributions			
r for commercial purposes, other than using the nam	e and address of any politic	cal committee	to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
American Health Care Association	Political Action Cor	nmittee				
Full Name (Last, First, Middle Initial)			Date of Disbursement			
· Mr. Sean Rybar						
Mailing Address 1755 Kings North Street			06 02 2015			
g a same						
,	State Zip Code		Transaction ID : D167223			
= agoo	OR 97401		Transaction ib . D107223			
Purpose of Disbursement Refund of 5/29/2015 Contribution			Amount of Fool Dishursoment this Devied			
Candidate Name			Amount of Each Disbursement this Period			
Candidate Hamo		Category/ Type	1000.00			
Office Sought: House Disbursem	nent For:	iype				
	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)						
•			Date of Disbursement			
			M = M / D = D / Y = Y = Y			
Mailing Address						
City	State Zip Code					
- ,						
Purpose of Disbursement						
			Amount of Each Disbursement this Period			
Candidate Name		Category/				
Office Sought: House Disbursem	ont For:	Туре				
	nent For: Primary General					
	Other (specify)					
State: District:	\ 1 · · J/ ▼					
Full Name (Last, First, Middle Initial)						
•			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address						
City	State Zip Code					
Ony	orate Zip Code					
Purpose of Disbursement			1			
			Amount of Each Disbursement this Period			
Candidate Name		Category/				
		Type				
Office Sought: House Disbursem						
	Primary General					
State: President State:	Other (specify) ▼					
Otato. District.						
SUBTOTAL of Disbursements This Page (optional)			1000.00			
		·····				
TOTAL This Period (last page this line number only).			1000.00			

SCHEDULE B (FEC Form 3X)	Han annual colorated ()	FOR LINE 1	NUMBER:	PAGE 38 OF 38
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 23	☐ 24 ☐ 25 ☐ 26
	Detailed Summary Page	27	28a 28b	28c X 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	2 232.000 or any pointe			223 301.111111100.
American Health Care Association	Political Action Cor	nmittee		
Full Name (Last, First, Middle Initial) James E. Clyburn Research and So	cholarshin Foundation	on.	Date of Disburseme	ent
Mailing Address 499 South Capitol Street SW, Suite	·		M M / D D D 06 29	2015
City	State Zip Code			
Washington	DC 20003		Transaction ID : [D166790
Purpose of Disbursement Donation			Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type		5000.00
	nent For: Primary General Other (specify)	-		
State: District:	V 1 · · · · • • // · ▼			
Full Name (Last, First, Middle Initial) 3.			Date of Disburseme	ent
			M M / D D	/ Y Y Y Y Y Y
Mailing Address				
City	State Zip Code			
Purpose of Disbursement		· · ·	Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type		
	nent For: Primary General Other (specify) ▼	×1 -		
State: District:				
Full Name (Last, First, Middle Initial)			Date of Disburseme	_
Mailing Address			M M / D D	/
City	State Zip Code			
Purpose of Disbursement				
Candidate Name		Category/ Type		sbursement this Period
	nent For: Primary General Other (specify)			
				E000.00
SUBTOTAL of Disbursements This Page (optional)		>		5000.00
TOTAL This Period (last page this line number only).				5000.00